



For Ecology Use
(Date Stamp)

Water Resources Program Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name:	Grant Co. PUD	Phone No:	509-754-5088	Other No:	
Address:	PO Box 878				
City:	Ephrata	State:	WA	Zip:	98823
Email Address (optional):	rhendrick@gcpud.org				

Contact Name (if different from above):	Ross Hendrick	Phone No:	509-754-5088	Other No:	
Relationship to Applicant:	Employee				
Address:	PO Box 878				
City:	Ephrata	State:	WA	Zip:	98823
Email Address (optional):	rhendrick@gcpud.org				

Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Chelan Co. PUD	Phone No:	509-663-8121	Other No:	
Address:	PO Box 1231				
City:	Wenatchee	State:	WA	Zip:	98801
Email Address (optional):					

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Fish Acclimation: Groundwater will be used to (1) de-ice SW intake screens during cold periods, and (2) Provide short-term emergency back-up to SW intake

Anticipated length of time to complete your project: 5 Yrs

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Fish Acclimation*		2000		OCT - MAY*
TOTAL:				

* As needed to de-ice SW intake screens and/or to provide short-term emergency back-up should SW intake fail

For Ecology Use	APPLICATION NO: 64-33041	SEPA: Exempt/Not Exempt
	Fee Paid: <u>2</u>	Check No: <u>6</u>
	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date
	By	WRIA:

COST REIMBURSEMENT

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: _____				Well diameter & depth: <u>TBD</u>			
Tributary to: _____				Number of proposed points of withdrawal: <u>TBD</u>			
Number of proposed diversion points: _____				Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.			
				Well Tag ID No. _____			
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	¼	¼	Section	Township	Range	County	
<u>5101140002</u>	<u>NW</u>	<u>SE</u>	<u>21</u>	<u>33N</u>	<u>22E</u>	<u>Okanogan</u>	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section ____.							
Parcel No.	¼	¼	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section ____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide the owner name(s), address, and phone number: Chelan PUD; PO Box 87 1231

Wenatchee WA 98801; 509-663-8121. See Attached Chelan PUD Construction Permit

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

¼	¼	Section	Twp.	Range	County	Parcel No.
<u>NW</u>	<u>SE</u>	<u>21</u>	<u>33N</u>	<u>22E</u>	<u>Okanogan</u>	<u>5101140002</u>

For Ecology Use	APPLICATION NO: _____		SEPA: Exempt/Not Exempt	
	Fee Paid: _____		Check No: _____	
ECY Coding: 001-001-WR1-0285-000011				
Date Returned _____ By _____ Priority Date _____ By _____ WRIA: _____				

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: Chelan PUD, PO Box 1231, Wenatchee WA
98801; 509-663-8121. See attached Construction Permit from Chelan PUD.

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: SW - will provide water right #

at later date 54-30055

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

up to two (2) 12 inch wells may be used (pending
results of GW testing) to supply de-icing water
to an existing SW intake and/or to an existing
acclimation pond (as emergency back-up should SW intake
fail)

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only

Projected number of connections to be served:

Type of connections: _____
(e.g., home, recreational cabin)

B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:

Estimate future population to be served:
_____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☐ NO

If yes, date plan was approved ____/____/____ Water System Number: _____

Name of water system: _____

Are you within the service area of an existing water system? ☐ YES ☐ NO

If yes, explain why you are unable to connect to the system: _____

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hdropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Potosi; follow Hwy 153 west for 22 miles, turn left onto Trisp-Carlton Rd, follow for ~10 miles, turn right on dirt road + follow to Carlton Pond Fish Hatchery.

Site Address: 00820A Trisp-Carlton Rd, Trisp, WA 98656

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name
(Applicant or authorized representative)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

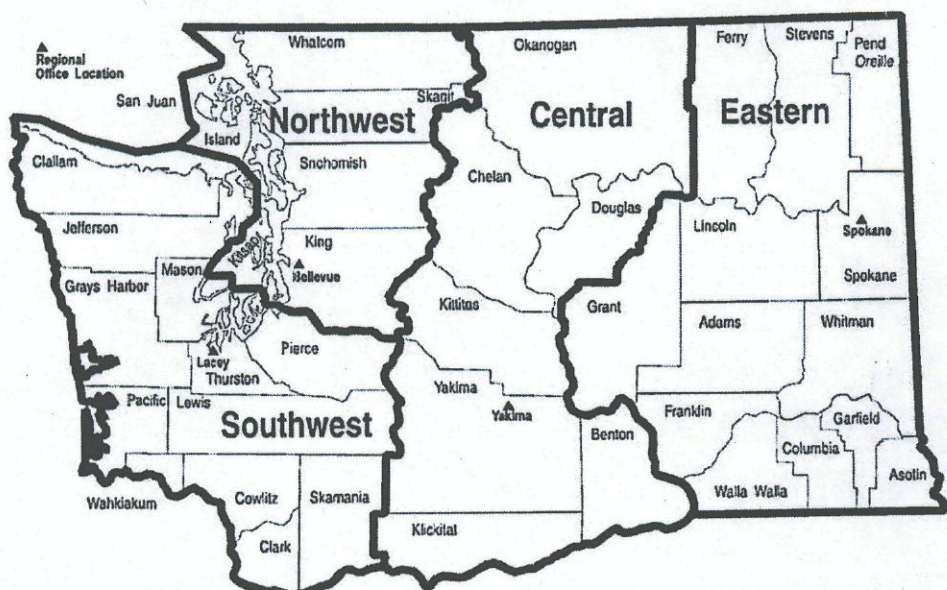
Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Section 11. REQUIRED SIGNATURES

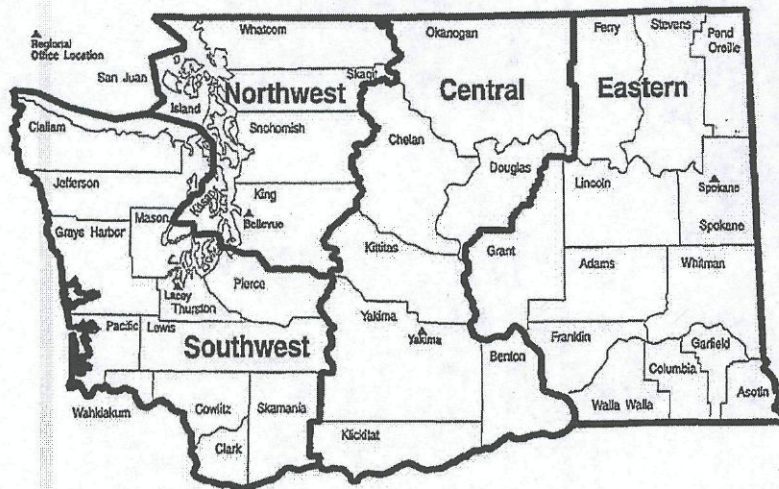
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Grant PUD: <u>Ross Hendrick</u> Print Name <u>on file</u> (Applicant or authorized representative)	<u>R-Hendrick</u> Signature <u>on file</u>	<u>12-29-11</u> Date
Chelan PUD: <u>Waikela Hampton</u> Print Name <u>Waikela Hampton</u> (Applicant or authorized representative)	<u>Waikela Hampton</u> Signature	<u>16 Dec 11</u> Date
Chelan PUD: <u>Tim Larson</u> Print Name <u>Tim Larson</u> (Landowner of Place of Use)	<u>Tim Larson</u> Signature	<u>16-Dec-11</u> Date
_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date
_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.
☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490